

## Office of Health Care Assurance

## State Licensing Section

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<b>Facility's Name:</b> Hina Mauka	<b>CHAPTER 98</b>
<b>Address:</b> 45-845 Pookela Street, Kaneohe, Hawaii 96744	<b>Inspection Date:</b> August 8, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

Fax to: 692-7414

19 SEP-9 14:20



	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication label for "Ventolin 2 puffs PO q4-6 hours PRN SOB" did not have an indication for administration as ordered.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Medication label for "Ventolin 2 puffs PO a4-6 hours PRN SOB" was produced by Foodland Pharmacy not Hina Mauka. Per OCHA RN Consultant, Hina Mauka is OKAY to "write in" (missing information if it does not EXACTLY match the MAR) the SOB (to include date/signature of RN) as it was missing from the medication label.</p> <p>Hina Mauka wrote in the missing "SOB" from the medication label and date/signed the box.</p>	<p>August 8, 2019</p> <p>At time of Audit</p> <p>19 SEP -9 P4:50</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><u>FINDINGS</u> Resident #1 – Medication label for “Ventolin 2 puffs PO q4-6 hours PRN SOB” did not have an indication for administration as ordered.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>As previously stated above Hina Mauka was unaware that changing the pharmacy directions on medication was allowable and per OCHA RN Consultant, Hina Mauka is OKAY to "write in" (missing information if it does not EXACTLY match the MAR) the SOB (to include date/signature of RN) as it was missing from the medication label.</p> <p>Moving forward Hina Mauka will use this tactic to correct any medication label deficits.</p> <p>All RN's and Doctors have been informed of the rule and also been notified of our procedural changes</p>	<p>August 9, 2019</p> <p>19 SEP -9 P 4:20</p>

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure: services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication administration record stated, "Nicotine lozenge 2mg PO q3-4 hours PRN NRT" ordered on 7/8/2019. No documented evidence of physician order for medication.</p>	<p>PART 1</p> <p><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Hina Mauka obtained a verbal "OK" for the Nicotine Lozenge in the presence of OCHA RN Consultant. Additionally, RN's subsequently found the order after OCHA RN Consultant left. Missing physician order was put into clients chart for accountability.</p>	<p>August 8, 2019</p>

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STATE OF CONNECTICUT  
OFFICE OF THE ATTORNEY GENERAL

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<input checked="" type="checkbox"/>	<p>§11-98-12 <u>Minimum standards for licensure; services.</u> (14) Individual records shall be kept on each resident which contain the following:</p> <p>A complete record of each medication utilized by the resident;</p> <p><b><u>FINDINGS</u></b> Resident #1 – Medication administration record stated, "Nicotine lozenge 2mg PO q3-4 hours PRN NRT" ordered on 7/8/2019. No documented evidence of physician order for medication.</p>	<p>PART 2</p> <p><b><u>FUTURE PLAN</u></b></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Moving forward Hina Mauka is changing our procedures for Nicotine Lozenge orders to help increase documentation record keeping.</p> <p>RN's and Doctors have been notified of the procedural changes and are all in agreement.</p>	<p>August 9, 2019</p> <p>SEP 09 2019 STATE OF HI</p>

Licensee's/Administrator's Signature: Heather Butler

Print Name: Heather Butler, Administrative Supervisor

Date: September 5, 2019

SEP 5 2019  
10:40 AM  
STATION 10

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